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COVER LETTER

TO:

	egistration Sec division of Corp			
CUD IP CO	LALA GAR	ASA, LLC		
SUBJECT	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspor	ndence concerning this matter	to the following:	
		Fabio Penaloza		
		_	Name of Person	
		LALA GARASA, ELC		
			Firm/Company	
		4471 NW 36TH STREET	STE 204	7 ·
			Address	
		MIAMI SPRINGS, FL 33	166	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		fabio@ariespm.net		: :·
			to be used for future annual report notification)	
For furthe	r information co	oncerning this matter, please co	all:	
Fabio Per			786 3828244 at ()	
	Name of	Person	Area Code Daytime Telephone	: Number
Enclosed i	is a check for th	e following amount:		
□ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
F [F	Mailing Address Registration S Division of C P.O. Box 632 Fallahassee, F	section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LALA GARASA, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/02/2023}{1}$ and assigned Florida document number L23000111400 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LALA GARASA INVESTMENTS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
	The to the same de-		
			□ Remove
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fective date, if other than the da in effective date is listed, the date must b	e specific and cannot be prior to de	ate of filing or more than 90 days	after filing.) Pursuant to 605.0.
ote: If the date inserted in this blocked in the Department's effective date on the Department.		statutory filing requirements	, this date will not be listed
ecord specifies a delayed effective of is filed.	ate, but not an effective time,	at 12:01 a.m. on the earlier of	if: (b) The 90th day after the
MARCH 17th	2023		
T.	- 12 1/ - 1		

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